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Updates from the MT
Laboratory Services
Bureau
800-821-7284
www.lab.hhs.mt.gov



Introducing...

Carrie Biskupiak is our new Microbiology/Molecular Laboratory Section Supervisor at Montana Public Health Laboratory (MTPHL). Carrie accepted her new position in August and has quickly assumed her new role and responsibilities. Carrie has been part of MTPHL team since 2000, starting on the bench, and moving into program management as our Epidemiology and Laboratory Capacity (ELC) Grant Manager and our Developmental Scientist, where she has been instrumental in getting new tests up and going, especially in molecular diagnostics. She is excited to expand her career at MTPHL as a section supervisor and looks forward to working with all of you. Carrie can be contacted at 406-444-5526 or cbiskupiak@mt.gov

Thank you to all of those who were able to attend the "Clinical Laboratory Work Practices and Procedures" workshop, presented by Eagleson Institute, in September. There was a great turnout for this informative, two day, biosafety training which included a variety of healthcare professionals from around the state. The workshop provided an excellent opportunity to bring awareness to the importance of safe facilities and work practices in the laboratory, not only for the staff working inside, but also to their customers, both internal and external.

Ready or not, Influenza season is here!

Surveillance for the 2016-2017 influenza season officially begins on October 1, 2016. Receiving the first positive influenza specimens in the state is important in determining the circulating strains and prevalence, and the Montana Public Health Laboratory (MTPHL) shares these specimens with the Centers for Disease Control for further characterization and anti-viral resistance testing.

This season we will be conducting influenza surveillance as we did last year. We are asking our clinical laboratory partners that perform molecular testing for influenza to report their total test numbers, and the number of positives, over a secure website. These data will be aggregated and reported in the DPHHS Communicable Disease Update on a weekly basis. Molecular laboratories should be receiving more information about this reporting in the next few days.

In addition to the molecular data, fourteen (14) hospital laboratories have been geographically selected to submit two (2) specimens per week for fee-waived surveillance testing, even if they have been confirmed by molecular methods. This surveillance allows for geographic monitoring of the circulating strains of influenza, as well as further characterization and anti-viral resistance trends in our state.

Five (5) fee-waived tests are also being offered to thirty- three (33) additional clinical laboratories from various geographic locations to be used at their discretion. These fee-waived tests are to be used to confirm the presence of circulating Influenza virus in their patient population, such as confirmation of rapid test positive specimens and confirmation of Influenza-like Illness (ILI). Special surveillance forms have been sent to these designated laboratories to facilitate submission.

In addition to our laboratory surveillance, the DPHHS Communicable Disease Epidemiology (CDEpi) section works with Sentinel providers who report, on a weekly basis, the number of patients seen with ILI. These Sentinel providers are also offered five (5) fee-waived tests to use at their discretion.

Suspected clusters/outbreaks or special circumstances surrounding ILI should be reported to MT DPHHS-CDEpi (406-444-0273) and special arrangements may be made for testing. All requested surveillance testing other than from the designated laboratories and Sentinel providers must have a CDEpi consult before acceptance for testing.

When submitting specimens for testing to the MTPHL, please do not submit specimens for testing that are the residual from rapid testing. Specimens must have been collected into universal transport media and shipped in a cold condition. Also, please use the designated influenza surveillance forms. If you have not received these forms please contact MTPHL at 1-800-821-7284

For more information surrounding designated surveillance sites, specimen collection, diagnostic testing, and surveillance testing for Influenza, please visit the MTPHL website at:

<http://dphhs.mt.gov/publichealth/LaboratoryServices/WhatsNew>

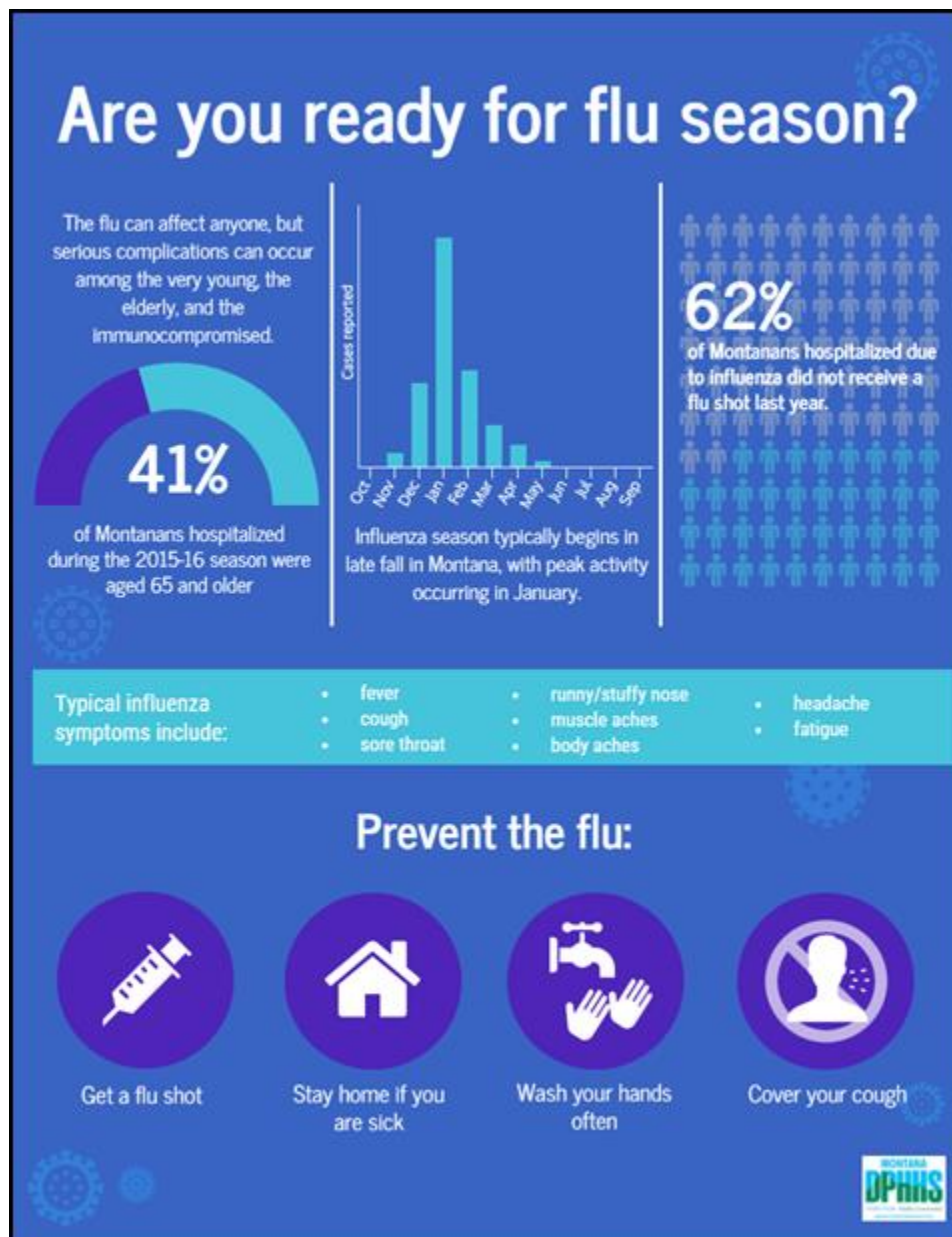
For more information about influenza activity in the United States during the influenza season, visit the Weekly U.S. Influenza Surveillance Report (FluView):

www.cdc.gov/flu/weekly/fluactivitysurv.htm

Montana Communicable Disease Weekly Update

Release date: 9/30/2016

Infographic of the Week:



DISEASE INFORMATION

Summary – MMWR Week 38 – Ending 9/24/16 Preliminary disease reports received by DPHHS for the reporting period September 18–24, 2016 included the following:

- **General Communicable:** Coccidioidomycosis (2), Elevated blood lead (1)
- **Enteric Diseases:** Campylobacteriosis (12), Giardiasis (3), Salmonellosis (3), Shiga toxin-producing *E. coli* [STEC] (1)
- **Vaccine Preventable Diseases:** Mumps (2)
- **STD/HIV:** Chlamydia (99), Gonorrhea (26), Syphilis (1), HIV* (1)
- **Hepatitis:** Hepatitis C, chronic (33)
- **Zoonotic diseases:** Lyme Disease (1)[†], West Nile Fever (1)
- **Animal Rabies:** (0)

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

[†] Case is acquired outside of Montana

NOTE: The attached report has multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) STD cases for the past reporting week; (4) clusters and outbreaks; and (5) a quarterly HIV/STD summary.

HOT TOPICS

Influenza: The 2016-2017 influenza season officially begins on October 2. Local health jurisdictions will be expected to begin reporting influenza activity in MIDIS starting on October 11. CDEpi is planning to publish the weekly flu report summarizing flu activity in Montana in the coming weeks. At this time there has been very little flu activity in Montana; however, it is important that local health jurisdictions maintain contact with their key influenza surveillance providers as the flu season gets underway.

In a separate email, CDEpi will be providing local health jurisdictions with the 2016-2017 Severe Influenza Case Report Form for hospitalizations and deaths and guidance for influenza reporting for the 2016-2017 season. If you have any questions regarding these forms or general questions regarding influenza and influenza reporting please contact CDEpi at 406-444-0273.

Zika Update: CDC issued new recommendations regarding sexual transmission **TODAY** because sexual transmission occurred between an asymptomatic man and his sex partner. With this new guidance comes a different DPHHS guidance document. Please update your Zika documents by replacing *Zika Virus Control Measures* version 1 with version 2. See full the full document at the end of the sentinel. Specific new recommendations are as follows.

- The amount of time to wait to attempt conception for couples in which the man has had possible Zika exposure but no Zika symptoms has increased from at least 8 weeks (previous guidance) to at least 6 months after last possible exposure (updated guidance).
- The amount of time to use a condom to protect against transmission of Zika virus infection or not have sex for men with possible Zika exposure but without symptoms has increased from at least 8 weeks to at least 6 months after last possible exposure.

Also, CDC had reports of 158 children that had Zika after traveling to a Zika affected area between January 2015 and July 2016. Most had a rash and about half had rash and fever. Sadly, five of the cases occurred in adolescents aged 16–17 years who were pregnant. This underscores the importance of ensuring that sexually active adolescents receive guidance for preventing sexual transmission of Zika virus and have access to and counseling on contraception.

INFORMATION/ANNOUNCEMENTS



Health in the 406: Focus on the getting the influenza vaccine

- Nationally **only 59% of children** and **44% of adults** received [influenza vaccine](#) last flu season.
- In Montana [433 hospitalizations and 33 deaths](#) were attributed to influenza last season.
- Everyone [6 months of age and older](#) should receive the flu vaccine annually; especially those [individuals with increased risk](#) of complications.

Influenza Vaccine Update Webinar: Please join Susan Reeser, Montana Immunization Program Nurse Consultant, for a webinar presentation titled *Influenza Vaccine Update 2016-2017* on **Tuesday, October 11 at 12:00pm** or **Thursday, October 13 at 8:00am**. The presentation will be one hour.

Presentation Description

This presentation provides an overview of the Advisory Committee on Immunization Practices (ACIP) 2016-2017 influenza vaccination recommendations for clinicians, nurses, and those administering influenza vaccines. Specific topics include: who should be vaccinated and when; available vaccine products; contraindications and precautions; user-friendly clinic resources; and a question and answer session.

Login Information

Tuesday, October 11 from 12:00pm-1:00pm

<https://hhsmt.webex.com/hhsmt/j.php?MTID=m60028db1797ac367a03df08cbde1d222>

Meeting password: montana

Meeting number: 806 099 289

Audio: login to the WebEx presentation and use the “Call Me” option or call 1-408-792-6300 (Call-in toll number)

Thursday, October 13 from 8:00am-9:00am

<https://hhsmt.webex.com/hhsmt/j.php?MTID=mc2d7b9bd9ac8a8431547da29978e98cf>

Meeting password: montana

Meeting number: 809 803 900

Audio: login to the WebEx presentation and use the “Call Me” option or call 1-408-792-6300 (Call-in toll number)

Communicable Disease Epidemiology Suggestion Box:



To submit a question or comment to the Communicable Disease Epidemiology Section, please click on the suggestion box to access our online form.

Q&A CORNER

Q: An animal that needs to be tested for rabies has been shot in the head. Is the specimen unsuitable for rabies testing now?

A: Not necessarily. The ideal rabies specimen is intact fresh brain, shipped cold. Per the NSPHV Compendium, “animals submitted for rabies testing should be euthanized in such a way as to maintain the integrity of the brain so that the laboratory can recognize anatomic structures.” Frozen, damaged (i.e. gunshot, smashed), or formalin fixed specimens are not ideal as they may delay testing or render the specimen unsuitable for testing.

However, if human exposure occurred and observation of the animal is not possible, it is always recommended to submit the specimen for testing even if brain conditions are not ideal. Only a licensed veterinarian should remove the head and ship it to the Veterinary Diagnostic Laboratory. The test depends on availability and condition of specific anatomic sites within the brain. The determination if a brain is suitable for rabies testing can only be made once the brain is examined by a pathologist. Frozen and damaged specimens have yielded conclusive results in the past.

Q: For several years now, local laboratories have reported weekly RSV summary test results to DPHHS during the RSV season. Should I remind labs in my jurisdiction to begin submitting results October 10th, when the season starts again?

A: Not to worry, it will not be necessary to remind laboratories regarding RSV reporting. DPHHS has changed the reporting protocol so that only 10 *sentinel* labs will be requested to submit summary RSV results. These are our Top 10 labs that reported about 86% of all RSV tests from last season. We will notify all of the labs soon regarding this change and will be sharing surveillance results weekly with your programs.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Section is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Section. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://dphhs.mt.gov/publichealth/cdepi>

Zika Virus Control Measures *version 2*

Consider making these recommendations to the exposed patient as applicable.

1. If exposed patient has plans to travel to a locale with a warm climate within 2 weeks of their Zika exposure, use mosquito spray to prevent transmission to mosquitos and limit time outdoors. This advice may prevent mosquitoes from picking up the virus from a person with viremia.
2. For pregnant women who were exposed, i. Avoid future travel to Zika affected areas for the entire pregnancy.
ii. Do not have unprotected sex with a Zika exposed partner or abstain from sex with this partner for the duration of the pregnancy.
iii. Monitor the pregnancy as described in MMWR article called “Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure – United States, July 2016”.
3. For all men who were exposed, i. Men should correctly and consistently use condoms or abstain from sex for at least 6 months after symptoms began. Delay pregnancy plans for at least 6 months.
ii. Work with patient to contact sexual partners (with sexual contact after Zika exposure) and request that the partner see a healthcare provider if they develop rash, red eyes, fever, or arthritis like pain within 2 weeks of sexual contact.
4. For ALL non-pregnant, exposed women, i. Wait at least 8 weeks before having unprotected sex or abstain from sex for 8 weeks or more with any partner.